

COVID-19 Participant Screening Tool **Updated 9.17.20**

This form can be completed for each child and adult participant, or the questions can simply be used as a guide to complete the Participant Screening Log for multiple participants at recurring activities, such as troop meetings.

Name of participant: _____ Child Adult

Name of parent/caregiver of participating child, if applicable: _____

Meeting/Activity: _____ Date and Time: _____ Location: _____

YES **NO**

1. Have you (for participating adults)/your child (for parents/caregivers of participating children) had a fever of 100.4°F or greater within the last 24 hours (the 24 hours with no fever should be without the use of fever-reducing medications)?
2. Have you (for participating adults)/your child (for parents/caregivers of participating children) had any one or a combination of symptoms of COVID-19 within the last 72 hours? Possible symptoms include cough, shortness of breath or difficulty breathing, chills, fatigue, muscle aches or pain, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.
3. Have you (for participating adults)/your child (for parents/caregivers of participating children) been tested for COVID-19 due to suspicion of infection and not yet received a negative test result?
4. If you (for participating adults)/your child (for parents/caregivers of participating children) previously tested positive for COVID-19, do any of the below apply?
- If the participant had symptoms, it has not yet been 10 days since symptoms first appeared
 - If the participant did not have symptoms, it has not yet been 10 days since the participant received their most recent positive test result
 - The participant has had a fever of 100.4°F or greater within the last 24 hours (the 24 hours with no fever should be *without* the use of fever-reducing medications)
 - Any other symptoms have not improved (with the exception of loss of taste or smell, which may persist for weeks or months after recovery)
 - The participant's healthcare provider recommended testing to determine if the participant can resume being around others but test results are still pending
5. During the past 14 days, have you (for participating adults)/your child (for parents/ caregivers of participating children) been advised to self-isolate or quarantine by a doctor or health authority?
6. During the past 14 days, have you (for participating adults)/your child (for parents/caregivers of participating children) been in contact with a person who has exhibited any symptoms of COVID-19? Possible symptoms include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle aches or pain, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.*
7. During the past 14 days, have you (for participating adults)/your child (for parents/caregivers of participating children) been in contact with a person who has tested positive for COVID-19 in the previous 14 days?*

**Healthcare personnel (HCP) who had contact with a person who has tested positive for or exhibited symptoms of COVID-19 but who are able to continue working and were following protocols (including wearing a respirator or facemask, eye protection, and all recommended PPE) may attend Girl Scout meetings and activities as long as they meet all other participation parameters. Please refer to this link for the CDC's definition of HCP.*

If the answer to any of questions 1-7 is YES, the participant is not permitted to attend any Girl Scout meeting or activity. By signing below, I confirm that I have answered NO to questions 1-7 above for myself/my child as a participant in a Girl Scout activity.

Signature of participating adult or parent/caregiver of participating child: _____

Date: _____